

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023564

3164

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No.

FILED JUL 6 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. W. BROWN

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
10 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived Institution: Residence before admission)

STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Lees Summit

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route 4Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

ARTHUR

Middle

CHRISTIAN

Last

ZINK

4. DATE OF DEATH

Month

June

Day

14

Year

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11-4-949. AGE (last birthday)
67 yrsIF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Laborer10b. KIND OF BUSINESS OR INDUSTRY
R.B.-Rice Co.11. BIRTHPLACE (City and state or country)
Jefferson City, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Adam Zink

13b. MOTHER'S MAIDEN NAME

Henrietta Miller

14. NAME OF HUSBAND OR WIFE

Frances Zink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT
Frances Zink, Lees Summit, Missouri
VA Hospital Official Records

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Septicemia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute pyelonephritis

DUE TO (c) Cerebral Vascular accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from June 4, 1962 to June 14, 1962

Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

6-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
June 16, 196223c. NAME OF CEMETERY OR CREMATOR
Lee's Summit Cemetery23d. LOCATION (City, town, or county)
Lee's Summit

(State)

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.
D.W. Newcomer's Sons, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

6-15-62

26. REGISTRAR'S SIGNATURE

Ruth W. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Louis D. Smith

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.